

EXHIBIT A

Drake, John (USAWAE)

From: Drake, John (USAWAE)
Sent: Friday, February 25, 2022 3:39 PM
To: James Pistorino
Cc: Donovan, Brian (USAWAE); Roger Townsend
Subject: RE: FW: [EXTERNAL] Nancy Kidwell has invited you to work together in "ADMINISTRATIVE RECORD.zip" file on Box
Attachments: October 2021 MSN & July 2021 Remittance Notice.pdf

James,

Respectfully, your comment about the docket not reflecting "compliance with the statute" is incorrect. The statute you're referencing, 42 U.S.C. § 405(g), provides for judicial review after a "final decision" by the agency. Because there was no "final decision" as to the March 10, 2021 claim, the statutory requirement to file an administrative record of that (non-final) decision was not triggered.

With that said, I have no interest in fighting about this. If you feel strongly about having an administrative record prepared for the March 10, 2021 claim, we will put one together. All I would ask in return is that you agree (in response to this email is fine) that we are not waving any applicable defenses by preparing and filing an administrative record for the March 10, 2021 claim. I think that's a reasonable compromise that will allow us to keep things moving forward.

As to the payment issue, I have some additional information to share. We received a remittance notice from the Medicare Administrative Contractor, Noridian Healthcare Solutions, which, as far as I can tell, shows that both claims at issue in this lawsuit – the April 19 - July 18, 2019 claim and the March 10, 2021 claim – were paid in July 2021. Please take a look at the attached PDF. There is an MSN to Mr. Olsen dated 10/1/21, and a remittance notice to MiniMed Distribution Corp. dated 07/20/21. I highlighted the claim numbers in the MSN and the corresponding payments in the remittance notice.

Unless I'm misreading something, both claims were paid in July 2021. Was Mr. Olsen aware of that at the time he was pursuing his administrative appeals? At the time he filed this lawsuit? I think that changes the complexion of this case somewhat. Perhaps we could carve out some time to talk next week. My calendar is relatively clear on Monday and Tuesday. Please let me know what might work best for you.

John



John T. Drake
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United States Attorney's Office
Eastern District of Washington
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Direct: (509) 835-6347
Cell: (509) 481-5665

From: James Pistorino <james.pistorino@gmail.com>
Sent: Thursday, February 24, 2022 10:59 PM
To: Drake, John (USAWAE) <JDrake@usa.doj.gov>; Donovan, Brian (USAWAE) <BDonovan@usa.doj.gov>; rtownsend@bjtlegal.com

Subject: Re: FW: [EXTERNAL] Nancy Kidwell has invited you to work together in "ADMINISTRATIVE RECORD.zip" file on Box

John,

I am traveling but wanted to get back to you.

With regard to today's filing, the docket reflected compliance with the statute and that was not correct. If you produce the complete Record promptly, great. In the meantime, the docket is now accurate.

With regard to the Record, if you fail/refuse to produce it, Mr. Olsen will respond accordingly. In an effort to avoid yet more motion practice, I note that your position does not make sense and is also not consistent with the law.

First, both the DAB and ALJ Earnhart's decision concern the same denied claims. Thus, the initial denial and redetermination that are missing from the Record for the DAB decision, e.g., are the same materials that are missing for ALJ Earnhart's decision. The produced Record contains the DAB decision (as well as my letter brief) but not ALJ Earnhart's. Thus, your position with respect to ALJ Earnhart does not even make sense.

Second, the Record comprises all the materials considered by and exchanged with the Department. That you contend there is no final decision has no bearing on whether there is a Record or not. Respectfully, your contention that filing the Record is barred by 405(g) is without basis.

As in other areas, I encourage you to consider whether this is really an issue the Secretary wants to present to Judge Mendoza.

Finally, I will have to check when I get back, but I think you are correct about payment. As I say. I do not believe that that MSN is in the Record.

Regards,
James

On Thu, Feb 24, 2022, 5:12 PM James Pistorino <james@dparrishlaw.com> wrote:

From: Drake, John (USAWAE) <John.Drake2@usdoj.gov>
Sent: Thursday, February 24, 2022 8:11:39 PM (UTC-05:00) Eastern Time (US & Canada)
To: James Pistorino <james@dparrishlaw.com>; Roger Townsend <rtownsend@bjtlegal.com>
Cc: Donovan, Brian (USAWAE) <Brian.Donovan@usdoj.gov>; Debra Parrish <debbie@dparrishlaw.com>
Subject: RE: [EXTERNAL] Nancy Kidwell has invited you to work together in "ADMINISTRATIVE RECORD.zip" file on Box

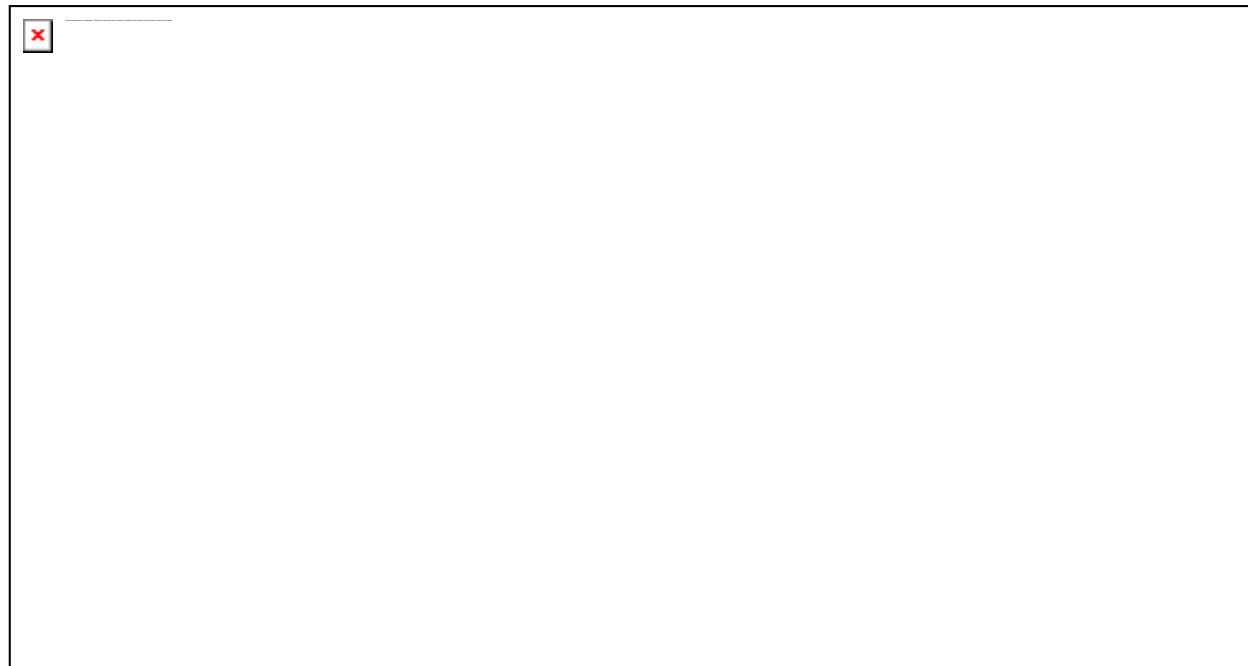
James,

I mentioned yesterday that I planned to get back to you on the administrative record issue by the end of the day today. Regrettably, you chose to file a "Notice of Incomplete Administrative Record" (ECF No. 19), at 11:28 a.m. this morning, before I could get back to you. We'll be filing a response to that notice within the next couple of days.

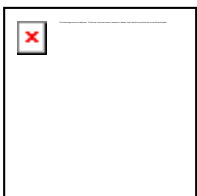
In the meantime, here is the answer to your question. The Administrative Record does not include documents related to Mr. Olsen's March 10, 2021 claim because there was no final agency action on that claim. As you know, ALJ Jason Earnhart issued a Notice of Decision on the March 10, 2021 claim on October 26, 2021. Mr. Olsen did not appeal that decision to the Medicare Appeals Council. As a result, no final agency action was taken, and no administrative record can be issued under 42 U.S.C. § 405(g).

To be clear, we have no objection to you putting documents related to the March 10, 2021 claim in the court record (via declaration or otherwise). We simply cannot include them in the AR because 42 U.S.C. § 405(g) prohibits that in the absence of a final agency decision.

I do have one related question for you. It's my understanding that the March 10, 2021 claim referenced in Paragraphs 67-90 of the Complaint was paid by the agency, and that that payment is reflected in the Medicare Summary Notice dated October 1, 2021 (see screen shot below). Is that your understanding as well? I want to make sure we don't have our wires crossed on that.



John



John T. Drake
Assistant U.S. Attorney

United States Attorney's Office
Eastern District of Washington



Medicare Summary Notice for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services



1118 3 AV 0.423 AUTOSCH 5-DIGIT 99003

KAREN OLSEN FOR
JEREMY OLSEN 18

This Is Not A Bill

Notice for Jeremy Olsen

Medicare Number [REDACTED]

Date of This Notice **October 1, 2021**

Claims Processed **July 3 -**
Between **October 1, 2021**

Your Deductible Status

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: [REDACTED]

Be Informed!

Medicare Open Enrollment is from October 15 to December 7. You can compare and change your health and drug plan coverage. If you like your current plan, you don't have to do anything. Call 1-800-MEDICARE (1-800-633-4227) for more information.

Your Claims & Costs This Period

Did Medicare Approve All Items and Services? **NO**

Number of Items or Services Medicare Denied **2**

See claims starting on page 3. Look for **NO** in the "Item/Service Approved?" column. See the last page for how to handle a denied claim.

Total You May Be Billed **\$8,392.88**

Suppliers with Claims This Period

March 15, 2018 - July 20, 2021
Minimed Distribution Corp

June 16 - September 11, 2021
Walgreens #2205

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.

如果需要国语帮助, 请致电联邦医疗保险, 请先说“agent”, 然后说“Mandarin”.

1-800-MEDICARE (1-800-633-4227)

Making the Most of Your Medicare

How to Check This Notice

Do you recognize the name of each supplier?

Check the dates. Did you make a purchase that day?

Did you get the items/services listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

How to Report Fraud

If you think a supplier or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

Some examples of fraud include offers for free medical services or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

Don't get scammed by phone calls, ads, and people who come door-to-door offering you free or cheap Medicare items and services! Only trust Medicare-approved suppliers and doctors!

How to Get Help with Your Questions

1-800-MEDICARE (1-800-633-4227)

Ask for "medical supplies." Your customer-service code is 19003.

TTY 1-877-486-2048 (for hearing impaired)

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call **1-800-562-6900**.

Your Messages from Medicare

Early detection is your best protection. Schedule your mammogram today, and remember that Medicare helps pay for screening mammograms.

You can now get your Medicare Summary Notices (MSNs) online! Receive your electronic MSNs (eMSNs) every month by signing up at <https://www.medicare.gov/forms-help-resources/go-paperless>.

Medicare cares about your health. If you've had trouble remembering things, concentrating, or making everyday decisions, Medicare Part B covers a visit with your doctor or a specialist to talk about it and do an exam.

It's time for your flu shot! People 65 years and up are at a high risk for serious complications from the flu. Medicare covers the flu shot. You pay nothing if your provider accepts Medicare.

Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for durable medical equipment and other health care services.

Definitions of Columns

Item/Service Approved?: This column tells you if Medicare covered this item or service.

Amount Supplier Charged: This is your supplier's fee for the item or service.

Medicare-Approved Amount: This is the amount a supplier can be paid for a Medicare item or service. It may be less than the actual amount the supplier charged. Your supplier has agreed to accept this

amount as full payment for covered items or services. Medicare usually pays 80% of the Medicare-approved amount.

Amount Medicare Paid: This is the amount Medicare paid the supplier. This is usually 80% of the Medicare-approved amount.

Maximum You May Be Billed: This is the total amount the supplier is allowed to bill you and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medicap policy) or other insurance, it may pay all or part of this amount.

March 15, 2018

Minimed Distribution Corp, (800)646-4633

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Jennifer L Jones

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Durable medical equipment, miscellaneous (E1399-GXCC)	Yes - adjusted	\$1,659.00	\$1,659.00	\$1,300.66	\$331.80	
Total for Claim # 18137823767001		\$1,659.00	\$1,659.00	\$1,300.66	\$331.80	A,B

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Notes for Claims Above

A This is a correction to a previously processed claim and/or deductible record.

B After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.



Jeremy Olsen

THIS IS NOT A BILL | Page 4 of 13

June 5, 2018**Minimed Distribution Corp, (800)646-4633**

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Jennifer L Jones

Quantity, Item/Service Provided & Billing Code	Item/ Service Approved?	Amount Supplier Charged	Medicare- Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Durable medical equipment, miscellaneous (E1399-GXCC)	Yes - adjusted	\$1,659.00	\$1,659.00	\$1,300.66	\$331.80	
Total for Claim # 18172844803001		\$1,659.00	\$1,659.00	\$1,300.66	\$331.80	C,D

September 27, 2018**Minimed Distribution Corp, (800)646-4633**

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Jennifer L Jones

Quantity, Item/Service Provided & Billing Code	Item/ Service Approved?	Amount Supplier Charged	Medicare- Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Durable medical equipment, miscellaneous (E1399-GXCC)	Yes - adjusted	\$1,659.00	\$1,659.00	\$1,300.66	\$331.80	
Total for Claim # 18283843973001		\$1,659.00	\$1,659.00	\$1,300.66	\$331.80	C,D

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Notes for Claims Above**C** This is a correction to a previously processed claim and/or deductible record.**D** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.

Jeremy Olsen

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January 4, 2019**Minimed Distribution Corp, (800)646-4633**

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Jennifer L Jones

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Durable medical equipment, miscellaneous (E1399-GXCC)	Yes - adjusted	\$1,659.00	\$1,659.00	\$1,300.66	\$331.80	
Total for Claim # 19008817632001		\$1,659.00	\$1,659.00	\$1,300.66	\$331.80	E,F

April 19 - July 18, 2019**Minimed Distribution Corp, (800)646-4633**

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Jennifer L Jones

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Durable medical equipment, miscellaneous (E1399-GXCC)	Yes - adjusted	\$1,824.90	\$1,824.90	\$1,430.72	\$364.98	
[REDACTED]	Yes - adjusted	128.70	81.60	63.97	16.32	
[REDACTED]	Yes - adjusted	458.70	263.51	206.59	52.70	
Total for Claim # 19112897095001		\$2,412.30	\$2,170.01	\$1,701.28	\$434.00	E,F

Continued->

Continued →**Notes for Claims Above****E** This is a correction to a previously processed claim and/or deductible record.**F** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.

Jeremy Olsen

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July 8, 2019**Minimed Distribution Corp, (800)646-4633**

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Jennifer L Jones

Quantity, Item/Service Provided & Billing Code	Item/ Service Approved?	Amount Supplier Charged	Medicare- Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Durable medical equipment, miscellaneous (E1399-GXCC)	Yes - adjusted	\$1,824.90	\$1,824.90	\$1,430.72	\$364.98	
Total for Claim # 19210873889001		\$1,824.90	\$1,824.90	\$1,430.72	\$364.98	G,H

October 21, 2019**Minimed Distribution Corp, (800)646-4633**

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Jennifer L Jones

Quantity, Item/Service Provided & Billing Code	Item/ Service Approved?	Amount Supplier Charged	Medicare- Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Durable medical equipment, miscellaneous (E1399-GXCC)	Yes - adjusted	\$1,824.90	\$1,824.90	\$1,430.72	\$364.98	
Total for Claim # 19296845388001		\$1,824.90	\$1,824.90	\$1,430.72	\$364.98	G,H

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Notes for Claims Above**G** This is a correction to a previously processed claim and/or deductible record.**H** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.

Jeremy Olsen

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January 28, 2020**Minimed Distribution Corp, (800)646-4633**

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Jennifer L Jones



Quantity, Item/Service Provided & Billing Code	Item/ Service Approved?	Amount Supplier Charged	Medicare- Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Durable medical equipment, miscellaneous (E1399-GXCC)	Yes - adjusted	\$1,824.90	\$1,824.90	\$1,430.72	\$364.98	
Total for Claim # 20031822855001		\$1,824.90	\$1,824.90	\$1,430.72	\$364.98	I,J

May 15, 2020**Minimed Distribution Corp, (800)646-4633**

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Jennifer L Jones

Quantity, Item/Service Provided & Billing Code	Item/ Service Approved?	Amount Supplier Charged	Medicare- Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Durable medical equipment, miscellaneous (E1399-GXCC)	Yes - adjusted	\$1,824.90	\$1,824.90	\$1,459.92	\$364.98	
Total for Claim # 20139845927001		\$1,824.90	\$1,824.90	\$1,459.92	\$364.98	I

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Notes for Claims Above**I** This is a correction to a previously processed claim and/or deductible record.**J** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.

Jeremy Olsen

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August 12, 2020**Minimed Distribution Corp, (800)646-4633**

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Jennifer L Jones

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Durable medical equipment, miscellaneous (E1399-GXCC)	Yes - adjusted	\$1,824.90	\$1,824.90	\$1,459.92	\$364.98	
Total for Claim # 20230855617001		\$1,824.90	\$1,824.90	\$1,459.92	\$364.98	K

November 23, 2020**Minimed Distribution Corp, (800)646-4633**

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Jennifer L Jones

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Durable medical equipment, miscellaneous (E1399-GXCC)	Yes - adjusted	\$1,824.90	\$1,824.90	\$1,459.92	\$364.98	
Total for Claim # 20330841967001		\$1,824.90	\$1,824.90	\$1,459.92	\$364.98	K

March 10, 2021**Minimed Distribution Corp, (800)646-4633**

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Jennifer L Jones

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Durable medical equipment, miscellaneous (E1399-GXCC)	Yes - adjusted	\$1,824.90	\$1,824.90	\$1,459.92	\$364.98	
Total for Claim # 21076836253001		\$1,824.90	\$1,824.90	\$1,459.92	\$364.98	K

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Notes for Claims Above**K** This is a correction to a previously processed claim and/or deductible record.

Jeremy Olsen

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March 10, 2021**Minimed Distribution Corp, (800)646-4633**

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Jennifer L Jones



Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose moni (A9276)	NO	\$1,824.90	\$0.00	\$0.00	\$1,824.90	L
Total for Claim # 21195828237000		\$1,824.90	\$0.00	\$0.00	\$1,824.90	

June 16 - September 11, 2021**Walgreens #2205, (509)466-7461**

12315 Highway 395, Spokane, WA 99218-1951

Ordered by Jennifer L Jones

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
[REDACTED]	Yes	\$524.92	\$58.24	\$46.59	\$11.65	
Total for Claim # 21187806040000		\$524.92	\$58.24	\$46.59	\$11.65	

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Continued →

Notes for Claims Above

L Medicare does not pay for this item or service.

Jeremy Olsen

THIS IS NOT A BILL | Page 10 of 13

June 25, 2021**Walgreens #2205, (509)466-7461**

12315 Highway 395, Spokane, WA 99218-1951

Ordered by Sean I Sanchez

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
	Yes	\$16.00	\$16.00	\$12.80	\$3.20	
	Yes	125.99	100.26	80.21	20.05	
Total for Claim # 21183808363000		\$141.99	\$116.26	\$93.01	\$23.25	

July 19, 2021**Walgreens #2205, (509)466-7461**

12315 Highway 395, Spokane, WA 99218-1951

Ordered by Sean I Sanchez

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
	Yes	\$24.00	\$24.00	\$19.20	\$4.80	
	Yes	499.19	93.60	74.88	18.72	
Total for Claim # 21208810040000		\$523.19	\$117.60	\$94.08	\$23.52	

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Jeremy Olsen

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July 20, 2021**Minimed Distribution Corp, (800)646-4633**

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Jennifer L Jones



Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Durable medical equipment, miscellaneous (E1399-GXCC)	Yes - adjusted	\$1,824.90	\$1,824.90	\$1,459.92	\$364.98	
Total for Claim # 21204829122001		\$1,824.90	\$1,824.90	\$1,459.92	\$364.98	M

July 20, 2021**Minimed Distribution Corp, (800)646-4633**

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Jennifer L Jones

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose moni (A9276-GX)	NO	\$1,824.90	\$0.00	\$0.00	\$1,824.90	N
Total for Claim # 21204829122000		\$1,824.90	\$0.00	\$0.00	\$1,824.90	Continued->

Continued →**Notes for Claims Above****M** This is a correction to a previously processed claim and/or deductible record.**N** Medicare does not pay for this item or service.

Jeremy Olsen

THIS IS NOT A BILL | Page 12 of 13

July 29, 2021**Walgreens #2205, (509)466-7461**

12315 Highway 395, Spokane, WA 99218-1951

Ordered by Sean I Sanchez

Quantity, Item/Service Provided & Billing Code	Item/ Service Approved?	Amount Supplier Charged	Medicare- Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
[REDACTED]	Yes	\$16.00	\$16.00	\$12.80	\$3.20	
[REDACTED]	Yes	12.69	2.10	1.68	0.42	
Total for Claim # 21216808928000		\$28.69	\$18.10	\$14.48	\$3.62	Jeremy Olsen

How to Handle Denied Claims or File an Appeal



Get More Details

If a claim was denied, call or write the supplier and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the supplier to contact our claims office to correct the error. You can ask the supplier for an itemized statement for any item or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:

February 3, 2022

If You Need Help Filing Your Appeal

Contact us: Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

Call your supplier: Ask your supplier for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

Find Out More About Appeals

For more information about appeals, read your "Medicare & You" handbook or visit us online at www.medicare.gov/appeals.

File an Appeal in Writing

Follow these steps:

- 1 Circle the item(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:

Your or your representative's full name (print)

Your telephone number

--	--	--	--	--	--	--	--	--	--

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your supplier for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

Medicare Claims Office
c/o Noridian Healthcare Solutions, LLC
Attn: Appeals Dept
P. O. Box 6727
Fargo, ND 58108-6727

As you think about the health and drug plan coverage that best meets your needs, there are some new things to consider this year. And, now that it's flu season, an important reminder to take action to protect yourself and loved ones.

Get your flu shot

This year it's more important than ever to get a flu shot. People who are 65 and older are at high risk of having serious complications from the flu. Getting the flu shot protects you from getting the flu and keeps you from spreading it to others.

Lower out-of-pocket costs for insulin

If you take insulin and join a Medicare plan that participates in the "Part D Senior Savings Model," you could save hundreds of dollars each year in out-of-pocket costs for insulin.

Telehealth & other virtual services

Telehealth benefits allow you to get medical or health services that generally occur in-person (like office visits and consultations) from a doctor or other health care provider who's located elsewhere using real-time interactive audio and video technology. Medicare also covers certain virtual services, like E-visits and Virtual check-ins.

Medicare Advantage & End-Stage Renal Disease (ESRD)

If you have ESRD, now you can join a Medicare Advantage Plan October 15 – December 7. Your plan coverage will start January 1, 2021.

Get help with your Medicare coverage choices

Visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) to shop for and compare health and drug plans. You can also enter your drugs to get more accurate costs for plans in your area.

Compare health care providers & services

Visit [Medicare.gov](https://www.medicare.gov) to find and compare doctors, hospitals, nursing homes, and other health care services near you. Now you can get contact information, quality ratings, and other information in a single place.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. If you request information in an accessible format from CMS, you won't be disadvantaged by any additional time necessary to provide it. This means you'll get extra time to take any action if there's a delay in fulfilling your request. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Usted tiene derecho a obtener información de Medicare en un formato accesible, como letra grande, Braille o audio. Si solicita información en un formato accesible de CMS, no estará en desventaja por el tiempo adicional necesario que nos tome proveer la información. Esto significa que tendrá tiempo adicional para tomar cualquier acción, si hay un retraso en el cumplimiento de su solicitud. También tiene derecho a presentar una queja si siente que ha sido discriminado. Visite [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), o llame al 1-800-MEDICARE (1-800-633-4227) para obtener más información. Los usuarios de TTY pueden llamar al 1-877-486-2048.

If you, or someone you're helping, has questions about a Medicare Summary Notice (MSN), you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-MEDICARE (1-800-633-4227).

العربية (Arabic) إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Medicare Summary Notice (MSN) فإن من حقك الحصول على المساعدة و المعلومات بلغتك من دون أي تكلفة. إتصل بالرقم 1-800-MEDICARE (1-800-633-4227) للتحدث مع مترجم.

հայերեն (Armenian) Եթե Դուք կամ Ձեր կողմից օգնություն ստացող անձը հարցեր ունի Medicare-ի ամփոփ ծանուցման (MSN) մասին, Դուք իրավունք ունեք անվճար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք 1-800-MEDICARE (1-800-633-4227) հեռախոսահամարով:

فارسی (Farsi) اگر شما، یا شخصی که به او کمک می‌رسانید سوالی در مورد اعلامیه مختصر منیکر (ام اس ان) دارید، شما حق این را دارید که کمک و اطلاعات به زبان خود به طور رایگان دریافت نمایید. برای مکالمه با مترجم با این شماره تماس بگیرید 1-800-MEDICARE (1-800-633-4227).

Français (French) Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions au sujet d'un avis sommaire d'un régime d'assurance-maladie Medicare (MSN), vous avez le droit d'obtenir de l'aide et de l'information dans votre langue à aucun coût. Pour parler à un interprète, composez le 1-800-MEDICARE (1-800-633-4227) pour l'assurance-maladie de Medicare.

Deutsch (German) Falls Sie oder jemand, dem Sie helfen, Fragen zu einer zusammenfassenden Medicare-Mitteilung (Medicare Summary Notice, MSN) haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-Medicare (1-800-633-4227) an.

Kreyòl (Haitian Creole) Si oumenm oswa yon moun w ap ede gen kesyon konsènan Avi sou Rezime Medicare (MSN) la, se dwa w pou jwenn èd ak enfòmasyon nan lang ou pale a, san pou pa peye pou sa. Pou w pale avèk yon entèprèt, rele nan 1-800-MEDICARE (1-800-633-4227).

Italiano (Italian) Se voi, o una persona che state aiutando volete chiarimenti su un Avviso per estratto Medicare (Medicare Summary Notice - MSN), avete il diritto di ottenere assistenza e informazioni nella vostra lingua a titolo gratuito. Per parlare con un interprete potete chiamare il numero 1-800-MEDICARE (1-800-633-4227).

日本語 (Japanese) メディケアのサービス概要通知 (MSN: Medicare Summary Notice) に関するご質問がある場合には、ご希望の言語で情報を取得し、サポートを受ける権利があります。通訳をご希望の方は、1-800-MEDICARE (1-800-633-4227) までお電話ください。



한국어(Korean) 만약 귀하나 귀하가 돕는 어느 분이 메디케어 약식 통지(MSN)에 관해서 질문을 가지고 있다면 비용을 부담하지 않고 귀하의 언어로 필요한 도움과 정보를 얻을 수 있는 권리가 귀하에게 있습니다. 통역사와 말씀을 나누시려면 1-800-MEDICARE (1-800-633-4227)로 전화하십시오.

Polski (Polish) Jeżeli Państwo lub ktoś, któremu Państwo pomagają mają pytania dotyczące Podsumowania Świadczeń Medicare (Medicare Summary Notice – MSN), mają Państwo prawo do uzyskania pomocy i informacji w swoim języku bezpłatnie. Aby rozmawiać z tłumaczem, prosimy dzwonić pod numer telefonu 1-800-MEDICARE (1-800-633-4227).

Português (Portuguese) Se você (ou alguém que você esteja ajudando) tiver dúvidas sobre um Medicare Summary Notice (MSN), você tem o direito de obter ajuda e informações em seu idioma, gratuitamente. Para falar com um intérprete, ligue para 1-800-MEDICARE (1-800-633-4227).

Русский (Russian) Если у вас или лица, которому вы помогаете, возникли вопросы по поводу Краткого уведомления об оплате медицинских услуг по программе Медикэр (Medicare Summary Notice - MSN), вы имеете право на бесплатную помощь и информацию на вашем языке. Чтобы воспользоваться услугами переводчика, позвоните по телефону 1-800-MEDICARE (1-800-633-4227).

Tagalog (Tagalog) Kung ikaw, o ang isang tinutulongan mo, ay may katanungan tungkol sa Paunawa ng Buod ng Medicare (MSN) ikaw ay may karapatan na makakuha ng tulong at impormasyon sa iyong lengguwahe ng walang gastos. Upang makipag-usap sa isang tagasalin ng wika, tumawag sa 1-800-MEDICARE (1-800-633-4227).

Tiếng Việt (Vietnamese) Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Thông báo Tóm tắt Medicare (MSN), quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện qua thông dịch viên, gọi số 1-800-MEDICARE (1-800-633-4227).

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CO	Contractual obligations
OA	Other adjustment
PR	Patient responsibility
151	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.
23	The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)
253	Sequestration - reduction in federal payment.
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication.
50	These are non-covered services because this is not deemed a 'medical

GLOSSARY: Group, Reason, MOA, Remark and Adjustment Codes

- necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 96 Non-covered charge(s). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop) 2110 Service Payment Information REF), if present.
- M25 The information furnished does not substantiate the need for this level of service. If you believe the service should have been fully covered as billed, or if you did not know and could not reasonably have been expected to know that we would not pay for this level of service or if you notified the patient in writing in advance that we would not pay for this level of service and he/she agreed in writing to pay, ask us to review your claim within 120 days of the date of this notice. If you do not request an appeal, we will, upon application from the patient, reimburse him/her for the amount you have collected from him/her in excess of any deductible and coinsurance amounts. We will recover the reimbursement from you as an overpayment.
- M38 Alert: The patient is liable for the charges for this service as they were informed in writing before the service was furnished that we would not pay for it and the patient agreed to be responsible for the charges.
- N115 This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd, or if you do not have web access, you may contact the contractor to request a copy of the LCD.
- N425 Statutorily excluded service(s).
- N782 Alert: Patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance. This amount may be billed to a subsequent payer.
- N809 Alert: The fee schedule amount for this service was adjusted based on prior competitive bidding rates. For more information, contact your local contractor.
- MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date of this notice, unless you have good reason for for being late.
- MA02 If you do not agree with this determination, you have the right to appeal. You must file a written request for an appeal within 180 days of the date you receive this notice.
- MA07 Alert: The claim information has also been forwarded to Medicaid for review.
- MA13 Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.
- MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
- MA67 Alert: Correction o a prior claim.